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# 2016 CAHPS<sup>®</sup> Child Medicaid Survey Executive Summary

## Oklahoma Health Care Authority

June 2016



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# Executive Summary

## Background and Protocol

### Background

- CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

### Protocol

- For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol.
- The protocol includes the following:

Pre-notification postcard mailed (optional)



Questionnaire with cover letter and business reply envelope (BRE) mailed



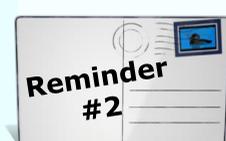
1st reminder postcard mailed



Replacement questionnaire with cover letter and BRE to all non-responders



2nd reminder postcard mailed



Telephone interviews conducted with non-responders (min of 3/max of 6 attempts)



- Oklahoma Health Care Authority chose the mail/telephone/Internet protocol.

# Executive Summary

## Sample

- NCQA originally designed this protocol with the goal of achieving a total response rate of at least 45%. In 2015, the average response rate for all Child Medicaid plans reporting to NCQA was 27%, which is lower than the 2014 average (28%).
- In February, 2073 Oklahoma Health Care Authority members were randomly selected to participate in the 2016 CAHPS® 5.0H Child Medicaid Survey. The survey results presented in this report are compiled from the 441 Oklahoma Health Care Authority members who responded to the survey.

	Sample Size	Total Completes	English Completes	Spanish Completes
Oklahoma Health Care Authority	2073	441	410	31

# Executive Summary

## Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question # 3, 15, 27, 31, 36).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible criteria, have a language barrier, are either mentally or physically incapacitated, or duplicate household to another member selected in the sample.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

### Oklahoma Health Care Authority 2016 Disposition Summary

Ineligible	Number
Deceased (M20/T20)	0
Does not meet criteria (M21/T21/I21)	21
Language barrier (M22/T22)	13
Mentally/physically incapacitated (M24/T24)	0
Sample duplicates (IDI/ID2)	10
<b>Total Ineligible</b>	<b>44</b>

Non-response	Number
Bad address/phone (M23/T23)	144
Partial complete (M31/T31/I31)	7
Refusal (M32/T32)	78
Maximum attempts made (M33/T33)	1359
<b>Total Non-response</b>	<b>1588</b>

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\text{Completed mail, telephone and Internet surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from Oklahoma Health Care Authority's Child Medicaid survey, the 2016 response rate is calculated using the equation below:

$$\frac{\text{Mail completes (247)} + \text{Phone completes (167)} + \text{Internet completes (27)}}{\text{Total Sample (2073)} - \text{Total Ineligible (44)}} = \frac{441}{2029} = \text{Response Rate} = \mathbf{22\%}$$



# Executive Summary

## Summary of Key Measures

- For purposes of reporting the CAHPS® results, the National Committee for Quality Assurance (NCQA) uses 5 composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

Oklahoma Health Care Authority				
Trended Data				
Composite Measures	2013	2014	2015	2016
Getting Care Quickly	93%	92%	92%	93%
Shared Decision Making	NT	NT	78%	78%
How Well Doctors Communicate	93%	97%	96%	97%
Getting Needed Care	89%	89%	85%	89%
Customer Service	84%	88%	86%	86%
Overall Rating Measures				
Health Care	82%	85%	87%	88%
Personal Doctor	85%	88%	89%	89%
Specialist	89%	89%	88%	83%
Health Plan	84%	86%	86%	86%
Health Promotion & Education	68%	69%	67%	70%
Coordination of Care	77%	82%	86%	89%
Sample Size	1650	1650	1980	2073
# of Completes	549	357	500	441
Response Rate	34%	22%	25%	22%

Legend: ↑/↓ Statistically higher/lower compared to prior year results.  
 NT=Data not trendable



# Executive Summary

## Scoring for NCQA Accreditation (Includes How Well Doctors Communicate)

2016 NCQA National Accreditation Comparisons*										
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				<b>Accreditation Points</b>	<b>0.33</b>	<b>0.65</b>	<b>1.11</b>	<b>1.43</b>	<b>1.63</b>	
<u>Composite Scores</u>	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	(n=237)	<b>2.662</b>	75 <sup>th</sup>		2.54	2.61	2.66	2.69	<b>1.43</b>	
How Well Doctors Communicate	(n=305)	<b>2.783</b>	90 <sup>th</sup>		2.63	2.68	2.72	2.75	<b>1.63</b>	
Getting Needed Care	(n=213)	<b>2.554</b>	75 <sup>th</sup>		2.39	2.47	2.53	2.58	<b>1.43</b>	
Customer Service	(n=121)	<b>2.424</b>	Below 25 <sup>th</sup>		2.50	2.53	2.58	2.63	<b>0.33</b>	
<u>Overall Ratings Scores</u>										
Q13 Health Care	(n=340)	<b>2.591</b>	90 <sup>th</sup>		2.49	2.52	2.57	2.59	<b>1.63</b>	
Q26 Personal Doctor	(n=389)	<b>2.697</b>	90 <sup>th</sup>		2.58	2.62	2.65	2.69	<b>1.63</b>	
Q30 Specialist***	(n=83)	<b>0.000</b>	NA		2.53	2.59	2.62	2.66	<b>NA</b>	
				<b>Accreditation Points</b>	<b>0.65</b>	<b>1.30</b>	<b>2.21</b>	<b>2.86</b>	<b>3.25</b>	
Q36 Health Plan	(n=434)	<b>2.622</b>	75 <sup>th</sup>		2.51	2.57	2.62	2.67	<b>2.86</b>	
								<b>Estimated Overall CAHPS® Score:</b>	<b>10.94</b>	

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

\*Data Source: **NCQA Memorandum of January 21, 2016**. Subject: 2016 Accreditation Benchmarks and Thresholds.

\*\*\* Not reportable due to insufficient sample size.



# Executive Summary

## Scoring for NCQA Accreditation (Includes Care Coordination)

				2016 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				<b>Accreditation Points</b>	<b>0.33</b>	<b>0.65</b>	<b>1.11</b>	<b>1.43</b>	<b>1.63</b>	
<u>Composite Scores</u>	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	(n=237)	<b>2.662</b>	75 <sup>th</sup>		2.54	2.61	2.66	2.69	<b>1.43</b>	
Getting Needed Care	(n=213)	<b>2.554</b>	75 <sup>th</sup>		2.39	2.47	2.53	2.58	<b>1.43</b>	
Customer Service	(n=121)	<b>2.424</b>	Below 25 <sup>th</sup>		2.50	2.53	2.58	2.63	<b>0.33</b>	
Care Coordination	(n=136)	<b>2.463</b>	75 <sup>th</sup>		2.36	2.41	2.46	2.51	<b>1.43</b>	
<u>Overall Ratings Scores</u>										
Q13 Health Care	(n=340)	<b>2.591</b>	90 <sup>th</sup>		2.49	2.52	2.57	2.59	<b>1.63</b>	
Q26 Personal Doctor	(n=389)	<b>2.697</b>	90 <sup>th</sup>		2.58	2.62	2.65	2.69	<b>1.63</b>	
Q30 Specialist***	(n=83)	<b>0.000</b>	NA		2.53	2.59	2.62	2.66	<b>NA</b>	
				<b>Accreditation Points</b>	<b>0.65</b>	<b>1.30</b>	<b>2.21</b>	<b>2.86</b>	<b>3.25</b>	
Q36 Health Plan	(n=434)	<b>2.622</b>	75 <sup>th</sup>		2.51	2.57	2.62	2.67	<b>2.86</b>	
								<b>Estimated Overall CAHPS® Score:</b>	<b>10.74</b>	

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

\*Data Source: **NCQA Memorandum of January 21, 2016**. Subject: 2016 Accreditation Benchmarks and Thresholds.

\*\*\* Not reportable due to insufficient sample size.



# Executive Summary

## Comparison to Quality Compass®

	Oklahoma Health Care Authority	2015 Child Medicaid Quality Compass® Comparisons*						
		5th Nat'l	10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	95th Nat'l
		%	%	%	%	%	%	%
<b>Composite Scores</b>								
Getting Care Quickly ( <i>% Always/Usually</i> )	93.01%	79.93	82.51	85.94	89.61	92.30	93.65	94.33
Shared Decision Making ( <i>% Yes</i> )	78.41%	68.18	72.77	75.76	78.91	80.88	82.61	83.50
How Well Doctors Communicate ( <i>% Always/Usually</i> )	97.14%	89.33	89.91	91.84	93.53	94.64	95.65	96.02
Getting Needed Care ( <i>% Always/Usually</i> )	89.28%	76.72	78.92	81.38	85.01	87.83	89.67	90.65
Customer Service ( <i>% Always/Usually</i> )	86.03%	82.09	83.31	85.96	87.67	89.43	91.06	91.63
<b>Overall Ratings Scores</b>								
Q13 Rating of Health Care (% 8, 9, 10)	87.94%	80.94	81.55	83.39	85.39	87.02	88.07	88.69
Q26 Rating of Personal Doctor (% 8, 9, 10)	88.95%	84.21	84.91	86.89	88.34	89.66	90.78	92.16
Q30 Rating of Specialist (% 8, 9, 10)	83.13%	79.29	80.95	82.91	84.81	87.27	90.00	90.76
Q36 Rating of Health Plan (% 8, 9, 10)	85.71%	76.85	79.57	81.95	84.79	87.05	89.22	90.06

\*Data Source: 2015 Child Medicaid Quality Compass®. Scores above based on 95 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

= Plan score falls below 5th Percentile



# Executive Summary

## Action Plan – Rating of Health Plan

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

Items that are a High Priority for Improvement are those measures that are highly correlated to the overall measure, and the plan's scores are below the 50<sup>th</sup> percentile of Quality Compass®. Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

### High Priority for Improvement (High correlation/Relatively low performance)

#### Overall Rating of Health Plan

#### Primary Recommendation

 Q33 - Treated You with Courtesy and Respect



Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

 Q32 - Got Information or Help Needed



On a monthly basis study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

# Executive Summary

## Key Driver Analysis – Health Plan

### Q36. Rating of Health Plan

			Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q28. Easy to Get Appointment for Child with Specialist		0.34		87	86.21%	85th
Q33. Treated You with Courtesy and Respect		0.32		121	90.91%	17th
Q32. Got Information or Help Needed		0.29		122	81.15%	41st
Q12. Asked Preference for Medicine		0.23		105	75.24%	23rd
Q14. Easy to Get Care Believed Necessary for Child		0.20		340	92.35%	78th
Q6. Getting Appointment for Child as Soon as Needed		0.19		300	92.33%	88th
Q10. Discussed Reasons to Take Medicine		0.13		105	93.33%	60th
Q11. Discussed Reasons Not to Take Medicine		0.12		105	66.67%	57th
Q22. Spend Enough Time with Child		0.11		306	94.77%	99th
Q17. Explain Things in a Way You Could Understand		0.09		305	98.69%	100th
Q19. Show Respect for What You Had to Say		0.09		306	98.37%	98th
Q18. Listen Carefully to You		0.08		306	96.73%	88th
Q4. Getting Care for Child as Soon as Needed		0.04		174	93.68%	73rd

**High Priority for Improvement**  
(High Correlation/  
Lower Quality Compass® Group)

Q33 - Treated You with Courtesy and Respect  
Q32 - Got Information or Help Needed

**Continue to Target Efforts**  
(High Correlation/  
Higher Quality Compass® Group)

Q28 - Easy to Get Appointment for Child with Specialist

0.0 0.5 1.0

Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"



# Executive Summary

## Key Driver Analysis – Health Care

### Q13. Rating of Health Care

	Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q28. Easy to Get Appointment for Child with Specialist	0.53	87	86.21%	85th
Q14. Easy to Get Care Believed Necessary for Child	0.38	340	92.35%	78th
Q12. Asked Preference for Medicine	0.35	105	75.24%	23rd
Q18. Listen Carefully to You	0.31	306	96.73%	88th
Q22. Spend Enough Time with Child	0.31	306	94.77%	99th
Q32. Got Information or Help Needed	0.31	122	81.15%	41st
Q6. Getting Appointment for Child as Soon as Needed	0.31	300	92.33%	88th
Q19. Show Respect for What You Had to Say	0.29	306	98.37%	98th
Q33. Treated You with Courtesy and Respect	0.28	121	90.91%	17th
Q17. Explain Things in a Way You Could Understand	0.27	305	98.69%	100th
Q11. Discussed Reasons Not to Take Medicine	0.14	105	66.67%	57th
Q4. Getting Care for Child as Soon as Needed	0.13	174	93.68%	73rd
Q10. Discussed Reasons to Take Medicine	0.06	105	93.33%	60th

**High Priority for Improvement**  
(High Correlation/  
Lower Quality Compass® Group)

Q12 - Asked Preference for Medicine

**Continue to Target Efforts**  
(High Correlation/  
Higher Quality Compass® Group)

Q28 - Easy to Get Appointment for Child with Specialist

Q14 - Easy to Get Care Believed Necessary for Child

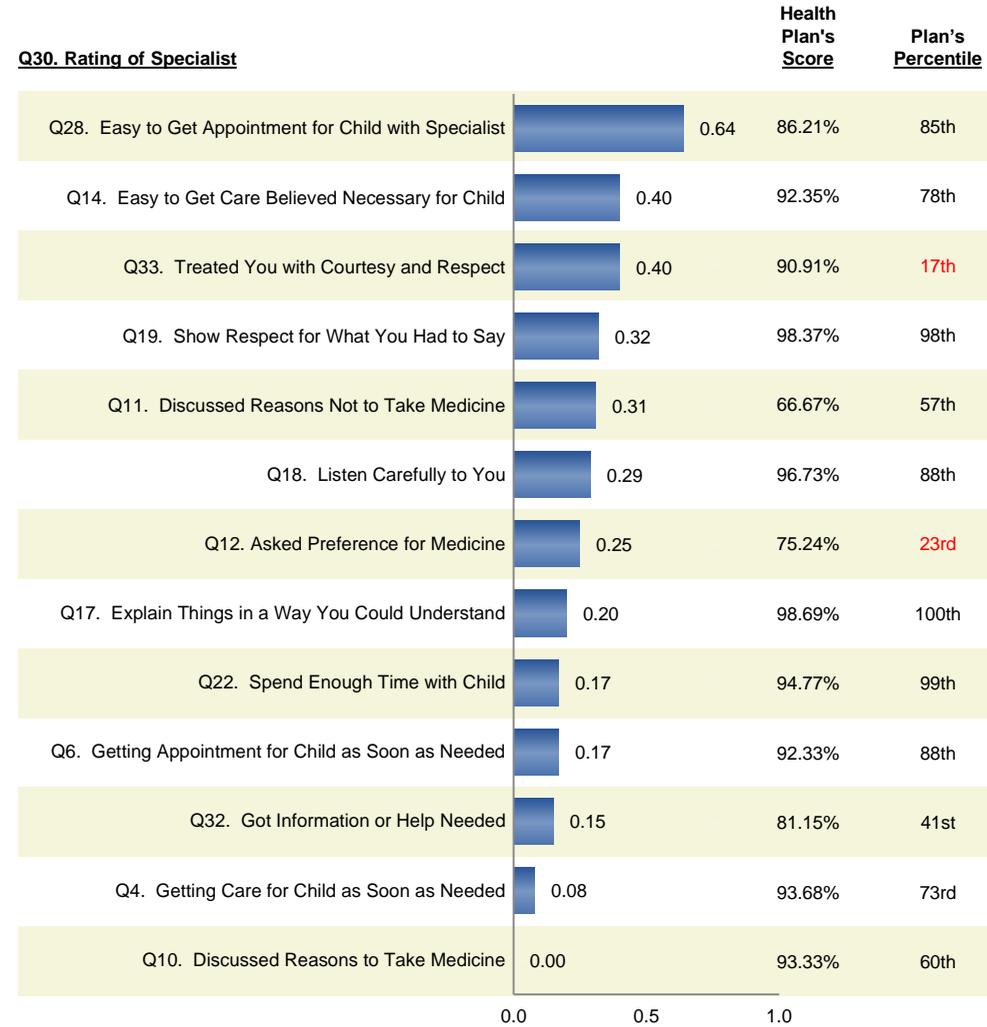
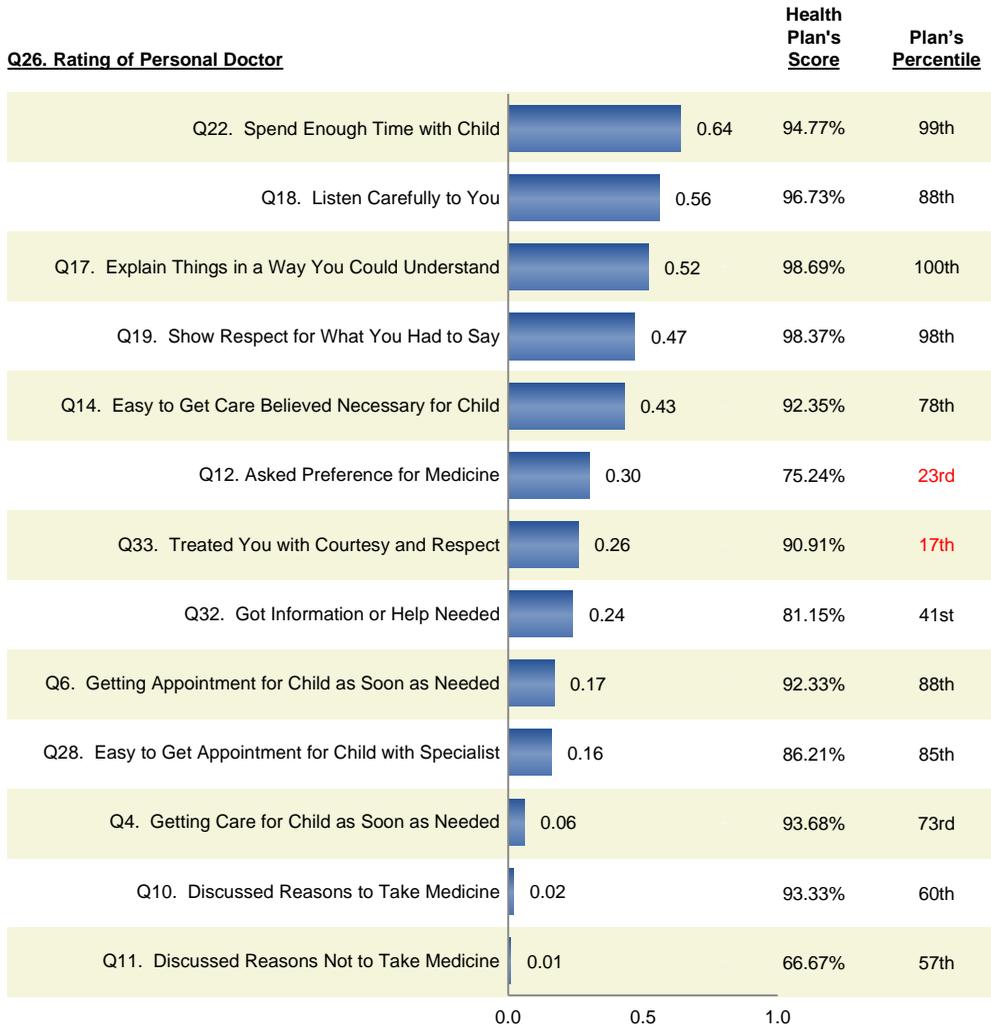
Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"



# Executive Summary

## Key Driver Analysis – Doctor and Specialist



"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"



# Executive Summary

## Action Plans for Improving CAHPS® Scores

Morpace has consulted with numerous clients on ways to improve CAHPS® scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS® Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

[www.cahps.ahrq.gov/quality-improvement/index.html](http://www.cahps.ahrq.gov/quality-improvement/index.html)

### Getting Needed Care

- Ease of obtaining appointment with specialist
  - Review panel of specialists to assure that there are an adequate number of specialists and that they are disbursed geographically to meet the needs of your members.
  - Conduct an Access to Care survey with either or both of 2 audiences: physician's office and/or among members.
  - Conduct a CG-CAHPS survey including specialists in the sample to identify the specialists with whom members are having a problem obtaining an appointment.
  - Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
  - Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
  - Utilize Provider Relations staff to question PCP office staff when making a regular visit to determine with which types of specialists they have the most problems scheduling appointments.
  - Develop materials to promote your specialist network and encourage the PCPs to develop new referral patterns that align with the network.

### Getting Needed Care

- Ease of obtaining care, tests, or treatment you needed through your health plan
  - Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment for which the member has a problem obtaining.
  - Review complaints received by Customer Service regarding inability to receive care, tests or treatments.
  - Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the policies and procedures are delivered to the member, whether the delivery of the information is directly to the member or through their provider. Members may be hearing that they cannot receive the care, tests, or treatment, but are not hearing why.
  - When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member.



# Executive Summary

## Action Plans for Improving CAHPS® Scores (cont'd)

### Getting Care Quickly

- Obtaining care for urgent care (illness, injury or condition that needed care right away) as soon as you needed
- Obtaining an appointment for routine care/check-ups
  - Conduct a CG-CAHPS survey to identify offices with scheduling issues.
  - Conduct an Access to Care Study
    - Calls to physician office - unblinded
    - Calls to physician office – blinded (Secret Shopper)
    - Calls to members with recent claims
    - Desk audit by provider relations staff
  - Develop seminars for physicians' office staff that could include telephone skills (answering, placing a person on hold, taking messages from patients, dealing with irate patients over the phone, etc.) as well as scheduling advice. Use this time to obtain feedback concerning what issues members have shared with the office staff concerning interactions with the plan.
    - These seminars could be offered early morning, lunch times or evenings so as to be convenient for the office staff. Most physicians would be appreciative of having this type of training for their staff as they do not have the time or talents to train their employees in customer service and practice management.



### How Well Doctors Communicate

- Doctor explained things in a way that was easy to understand
- Doctor listened carefully
- Doctor showed respect for what member had to say
- Doctor spent enough time with member
  - Conduct a CG-CAHPS survey to identify lower performing physicians for whom improvement plans should be developed.
  - Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.
  - Include supplemental questions from the Item Set for Addressing Health Literacy to better identify communication issues.
  - Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms.
  - Offer in-service programs with CMEs for physicians on improving communication with patients. This could be couched in terms of motivating patients to comply with medication regimens or to incorporate healthy life-style habits. Research has shown that such small changes as having physicians sit down instead of stand when talking with a patient leads the patient to think that the doctor has spent more time with them.
  - Provide the physicians with patient education materials, which the physician will then give to the patient. These materials could reinforce that the physician has heard the concerns of the patient or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance.
  - Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

# Executive Summary

## Action Plans for Improving CAHPS® Scores (cont'd)

### Shared Decision Making

- Doctor talked about reasons you might want to take a medicine
- Doctor talked about reasons you might not want to take a medicine
- Doctor asked you what you thought was best
  - Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.
  - Develop patient education materials on common medicines described for your members explaining pros and cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.
  - Develop audio recordings and/or videos of patient/doctor dialogues/vignettes on common medications. Distribute to provider panel via podcast or other method.



### Health Plan Customer Service

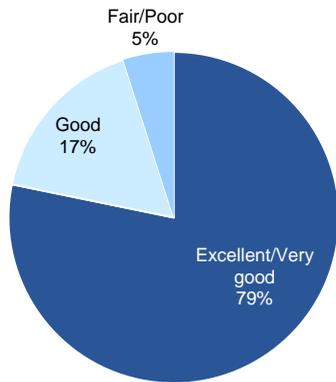
- Customer service gave the information or help needed
- Customer service treated member with courtesy and respect
  - Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
  - At the end of each Customer Service call, have your representative enter/post the reason for the call. At the end of a month, synthesize the information to discern the major reasons for a call. Have the customer service representatives and other appropriate staff discuss ways to address the reason for the majority of the calls and design interventions so that the reason for the call no longer exists.



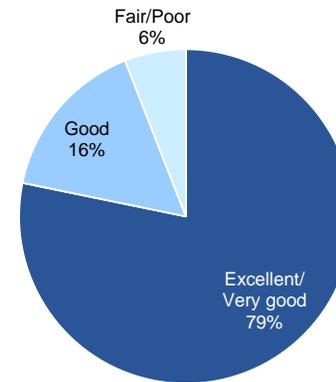
# Executive Summary

## Demographics

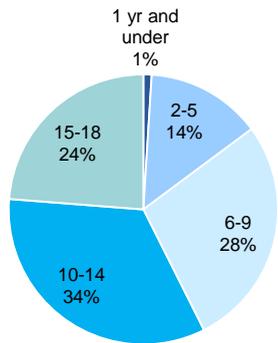
### CHILD'S HEALTH STATUS



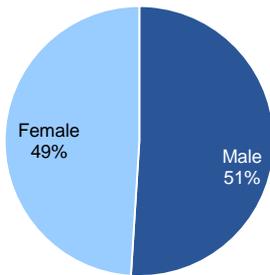
### CHILD'S MENTAL/EMOTIONAL HEALTH STATUS



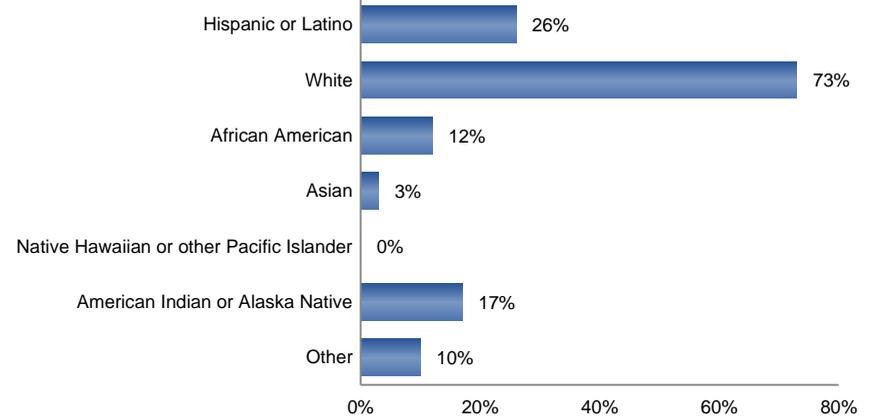
### CHILD'S AGE



### CHILD'S GENDER



### CHILD'S RACE / ETHNICITY



Data shown are self reported.



# Executive Summary

## Child Demographics

		2013	2014	2015	2016	2015 Quality Compass®
<b>Q37. Child's Health Status</b>						
	Excellent/Very good	80%	77%	79%	79%	75%
	Good	17%	20%	18%	17%	20%
	Fair/Poor	3%	3%	3%	5%	5%
<b>Q38. Child's Mental/Emotional Health Status</b>						
	Excellent/Very good	79%	77%	79%	79%	73%
	Good	16%	16%	15%	16%	18%
	Fair/Poor	5%	7%	6%	6%	9%
<b>Q39. Child's Age</b>						
	1 yr and under	2%	1%	3%	1%	NA
	2-5	15%	11%	14%	14%	NA
	6-9	27%	24%	26%	28%	NA
	10-14	33%	39%	34%	34%	NA
	15-18	23%	26%	23%	24%	NA
<b>Q40. Child's Gender</b>						
	Male	52%	54%	50%	51%	52%
	Female	48%	46%	50%	49%	48%
<b>Q41/42. Child's Race/Ethnicity</b>						
	Hispanic or Latino	21%	17%	21%	26%	29%
	White	68%	71%	73%	73%	44%
	African American	11%	9%	12%	12%	19%
	Asian	5%	3%	5%	3%	5%
	Native Hawaiian or other Pacific Islander	1%	2%	1%	0%	2%
	American Indian or Alaska Native	22%	23%	19%	17%	3%
	Other	10%	6%	9%	10%	11%

Data shown are self reported.  
NA = Data not available



# Executive Summary

## Respondent Demographics

	2013	2014	2015	2016	2015 Quality Compass®
<b>Q7. Number of Times Going to Doctor's Office/Clinic for Care</b>					
None	23%	23%	23%	21%	24%
1 time	26%	26%	30%	29%	26%
2 times	24%	21%	24%	23%	23%
3 times	13%	14%	13%	13%	12%
4 times	6%	7%	5%	7%	6%
5-9 times	6%	8%	4%	7%	6%
10 or more times	1%	2%	1%	0%	2%
<b>Q16. Number of Times Visited Personal Doctor to Get Care</b>					
None	22%	24%	23%	21%	20%
1 time	31%	30%	36%	36%	32%
2 times	23%	21%	21%	21%	23%
3 times	13%	13%	11%	12%	12%
4 times	4%	6%	5%	4%	6%
5-9 times	5%	6%	4%	5%	6%
10 or more times	1%	1%	1%	1%	1%
<b>Q43. Respondent's Age</b>					
Under 18	5%	7%	3%	4%	8%
18 to 24	5%	1%	3%	2%	7%
25 to 34	35%	27%	33%	32%	32%
35 to 44	33%	41%	38%	43%	31%
45 to 54	18%	17%	14%	14%	15%
55 to 64	4%	7%	6%	3%	5%
65 or older	1%	1%	1%	2%	2%
<b>Q44. Respondent's Gender</b>					
Male	12%	15%	16%	15%	12%
Female	88%	85%	84%	85%	88%
<b>Q45. Respondent's Education</b>					
Did not graduate high school	15%	14%	15%	17%	20%
High school graduate or GED	34%	34%	30%	32%	33%
Some college or 2-year degree	37%	36%	40%	34%	33%
4-year college graduate	10%	11%	10%	11%	9%
More than 4-year college degree	5%	5%	5%	6%	5%

Data shown are self reported.



# Executive Summary

## General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.
Education	More educated respondents tend to be less satisfied.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites give the highest ratings to both rating and composite questions. In general, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings.  Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

*Note: If a health plan's population differs from Quality Compass® in any of the demographic groups, these differences could account for the plan's score when compared to Quality Compass®. For example, if a plan's population rates themselves in better health than the Quality Compass® population, this could impact a plan's score positively. Conversely, if a plan's population rates themselves in poorer health than the Quality Compass® population, the plan's scores could be negatively impacted.*

# Executive Summary

## Composite & Rating Scores by Demographics

Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
<i>Sample size</i>	(n=4)	(n=59)	(n=120)	(n=150)	(n=103)	(n=324)	(n=54)	(n=134)	(n=113)	(n=321)	(n=211)	(n=226)	(n=345)	(n=73)	(n=21)
<b>Composites (% Always/Usually)</b>															
<b>Getting Care Quickly</b>	100	86	95	91	99	94	96	89	85	96	91	94	93	90	98
<b>Shared Decision Making (% Yes)</b>	100	64	73	79	84	80	67	80	75	79	77	79	75	84	81
<b>How Well Doctors Communicate</b>	88	100	98	96	97	97	98	98	95	98	97	97	98	96	84
<b>Getting Needed Care</b>	100	94	91	85	92	92	92	84	86	91	90	90	93	83	81
<b>Customer Service</b>	0	88	79	87	91	86	97	80	80	89	85	88	87	78	95
<b>Overall Ratings (% 8,9,10)</b>															
<b>Health Care</b>	100	86	93	88	84	89	89	84	92	87	91	86	89	89	81
<b>Personal Doctor</b>	100	87	87	89	92	89	89	82	91	88	93	85	89	92	71
<b>Specialist</b>	100	50	96	76	88	83	86	83	100	80	89	80	85	84	80
<b>Health Plan</b>	100	85	88	87	81	87	83	79	95	82	88	83	87	82	81